

# RURAL UTILITIES SERVICE

## ***Distance Learning and Telemedicine Program Grant Application Guide—Toolkit Fiscal Year 2005 Forms, Worksheets and Certifications***

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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0096. The time required to complete this information collection is estimated to average 49 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

## ***Application Resources & Tips***

- **APPLICATION GUIDE:** Please read and follow the *Distance Learning and Telemedicine Program Grant Application Guide—Fiscal Year 2005* as you fill out the forms, worksheets and certifications in this Toolkit.
- **AS YOU FILL OUT OR SIGN EACH OF THE TOOLKIT ITEMS**, place them under the tabs of your grant application as explained by Section V, “Putting It All Together,” of the Grant Application Guide.
- **FILL THE FORMS OUT COMPLETELY.** Missing or inaccurate data on ANY of the forms will adversely affect RUS’ ability to process your application.
- **REGULATIONS:** The Program’s regulations govern the application process, the *Guide* and this Toolkit. See the Code of Federal Regulations, **7 CFR 1703, Subparts D, E, F and G**. A copy of the regulations is posted at the DLT Web page listed below.
- **CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA)** Number: 10.855
- **ONLINE RESOURCES**

<b>DLT Branch Web page</b>	<b><a href="http://www.usda.gov/rus/telecom/dlt/dlt.htm">www.usda.gov/rus/telecom/dlt/dlt.htm</a></b>
RUS Telecommunications General Field Representatives	<a href="http://www.usda.gov/rus/telecom/staff/gfr-by-state-list.htm">www.usda.gov/rus/telecom/staff/gfr-by-state-list.htm</a>
USDA Rural Development State Directors	<a href="http://www.rurdev.usda.gov/recd_map.html">www.rurdev.usda.gov/recd_map.html</a>
EZ/EC/Champion Community Resources	<a href="http://www.ezec.gov">www.ezec.gov</a> <a href="http://www.ezec.gov/ezec/mainmap.html">http://www.ezec.gov/ezec/mainmap.html</a> <a href="http://www.ezec.gov/Communit/champions.html">www.ezec.gov/Communit/champions.html</a>
ARC Resources	<a href="http://www.arc.gov">www.arc.gov</a>
State Single Points of Contact (SPOC)	<a href="http://www.whitehouse.gov/omb/grants/spoc.html">www.whitehouse.gov/omb/grants/spoc.html</a>
Grants.gov Information	<a href="http://www.grants.gov">www.grants.gov</a>
Get a DUNS Number	<a href="http://www.grants.gov/RequestaDUNS">www.grants.gov/RequestaDUNS</a>
Census 2000 Numbers	<a href="http://www.census.gov/main/www/cen2000.html">www.census.gov/main/www/cen2000.html</a>

- **DLT PROGRAM:** (202) 720-0413  
dltinfo@usda.gov

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction			
<b>5. APPLICANT INFORMATION</b>				
Legal Name:		<b>Organizational Unit:</b>		
		Department:		
Organizational DUNS:		Division:		
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
Street:		Prefix:	First Name:	
City:		Middle Name		
County:		Last Name		
State:	Zip Code	Suffix:		
Country:		Email:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> □□-□□□□□□□□		Phone Number (give area code)		Fax Number (give area code)
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)  Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE (Name of Program): □□-□□□□		<b>9. NAME OF FEDERAL AGENCY:</b>		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
Start Date:	Ending Date:	a. Applicant		b. Project
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ .00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ .00	DATE:		
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
g. TOTAL	\$ .00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix	First Name	Middle Name		
Last Name		Suffix		
b. Title		c. Telephone Number (give area code)		
d. Signature of Authorized Representative		e. Date Signed		

Previous Edition Usable  
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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </div> <div style="width: 45%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization </div> </div>	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: <ul style="list-style-type: none"> <li>"New" means a new assistance award.</li> <li>"Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>"Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter:  <div style="display: flex; justify-content: space-between;"> A. Increase Award      B. Decrease Award  C. Increase Duration      D. Decrease Duration </div> </li> </ul>	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

## *Rurality Worksheet*

**Determine each end-user site's rurality using these guidelines.**

Population Range	Regulatory Definition	Rurality Points
5000 or fewer	Exceptionally Rural Area— <b>Any area</b> of the United States <b>NOT</b> included within the boundaries of <b>any incorporated or unincorporated city, village, or borough having a population in excess of 5,000 inhabitants.</b>	45
5001 - 10,000	Rural Area— <b>Any area</b> of the United States <b>included</b> within the boundaries of <b>any incorporated or unincorporated city, village, or borough having a population over 5,000 and not in excess of 10,000 inhabitants.</b>	30
10,001 - 20,000	Mid-Rural Area— <b>Any area</b> of the United States <b>included</b> within the boundaries of <b>any incorporated or unincorporated city, village, or borough having a population over 10,000 and not in excess of 20,000 inhabitants.</b>	15
20,001 and more	Urban Area— <b>Any area</b> of the United States <b>included</b> within the boundaries of <b>any incorporated or unincorporated city, village, or borough having a population in excess of 20,000 inhabitants.</b>	0

If a hub also serves as an end-user site, the hub will be considered as an end-user site for the rurality criterion. **Use Census 2000 data for each town.** RUS will **not accept county-wide data.** Fill in **all spaces** for each end-user site. If RUS cannot verify an end-user site's population, we will exclude the site from the project.

	End-User Site Name	Town	State	2000 Census Population	Rurality Points
1					
2					
3					
4					
5					
Average score of all end-user sites (Total Points / # of end-user sites)					

**Note:** You are **NOT** restricted to 5 end-user sites. Make as many copies of this table as you need to calculate rurality. If you need more copies of this table, be sure to indicate the final, overall rurality score for ALL end-user sites.

**Place this worksheet and supporting documentation under Tab E-1 of your application.**

## *National School Lunch Program (NSLP) Worksheet*

Please use the instructions in section IV.E.2 of the Application guide to determine the applicable average NSLP eligibility percentage for each end-user site and for the overall points.

Use the percentage of students **eligible** (not the actual participation rate) for assistance under the NSLP for each end-user site. **ALL information must be completed for each end-user site. No exceptions.**

	End-User Site Name	Town, County, State	Total Number of Students	% Eligible Students	Source*
1					
2					
3					
4					
5					
<b>Average NSLP</b> (Sum of eligible NSLP % for all end-user sites / # of end-user sites)				_____ %	
<b>NSLP Points</b> Apply the correct number of points to the Average NSLP from the table below				_____	

**Note:** You are **NOT** restricted to 5 end-user sites. Make as many copies of this table as you need to calculate NSLP. If you need more copies of this table, be sure to indicate the final, overall NSLP score for ALL end-user sites.

NSLP Eligibility %	Points
NSLP < 25%	0
25% <= NSLP < 50%	15
50% <= NSLP < 75%	25
75% <=NSLP	35

\* **REQUIRED:** Organization & name, title, phone for the entity administering the NSLP; you may supply on an additional sheet.

**Place this worksheet and supporting documentation under Tab E-2 of your application.**

## *Leveraging/Match Scoring Worksheet*

### **Please remember...**

- Matching contributions must be for approved purposes – if RUS cannot fund an item under the grant request, we cannot accept the same item as match.
- You must provide (and document) a match of at least 15% of the grant amount requested for your project to be eligible.
- A maximum of 35 points may be earned for leveraging (matching contributions beyond the required 15 % of the grant amount requested):

Match as a % of Grant Amount Requested:	Points
15% < Match % ≤ 30%	0
30% < Match % ≤ 50%	15
50% < Match % ≤ 75%	25
75% < Match % ≤ 100%	30
Match % > 100%	35

1. Total **eligible matching** contributions: \$ \_\_\_\_\_

2. Total **RUS amount** requested: \$ \_\_\_\_\_

**3. Percent match** \_\_\_\_\_ %  
(Divide line1 by line 2 and multiply by 100)

**4. Total Points:** \_\_\_\_\_  
(Maximum possible points: 35) Record the correct points based on the ranges shown in the table.

Place this worksheet, letters of financial commitment and other match documentation under Tab E-3 of your application.

## *USDA EZ/EC and Champion Community Worksheet*

Are any of the proposed projects end-user sites located in a USDA Rural Empowerment Zone, USDA Enterprise Community or USDA Champion Community? Check only one response:

☐ Yes

☐ No

These Web pages will help you in making these determinations (please use **only** the **USDA designations** listed on these Web pages):

[www.ezec.gov/ezec/mainmap.html](http://www.ezec.gov/ezec/mainmap.html)

[www.ezec.gov/Communit/champions.html](http://www.ezec.gov/Communit/champions.html)

If you answered “No,” **STOP**. You DO NOT have to fill out the rest of this form. If you answered “Yes,” please continue.

Award **10 points** if at least 1 end-user site is in an **EZ/EC**. Award **5 points** if at least 1 end-user site is in a **Champion Community**.

List locations in the following table.

	End-User Site Name	Town, County & State	Census Tracts (if EZ or EC)*	EZ/EC or Champion Community Name	Points
1					
2					
Total (maximum: 15)					

Contact the Office of Community Development, USDA at 202-619-7980 or 800-645-4712 ([ocd@ocdx.usda.gov](mailto:ocd@ocdx.usda.gov)) if you have questions.

\*USDA EZ/EC designations use Census tracts. The Census tract information for each EZ or EC is available at the Web page listed above. You **MUST** supply the Census tract information if you are claiming either EZ or EC status for one or more end-user sites in your project.

**Place this worksheet and supporting documentation (if you answered “yes” at the top) under Tab E-4 of your application.**



## Additional NSLP Point Request

The NSLP percentage for this application is: \_\_\_\_\_

Is this percentage less than 50%? (Check only one)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If you checked "no," **STOP**. You do not have to sign this form. If you checked "yes," please continue.

The NSLP points for this application (determined by the percentage above): \_\_\_\_\_

Because the NSLP eligibility percentage for this application is below 50%, and, based on the supporting information that follows under this tab, the **applicant requests** additional NSLP points because the NSLP score does not represent the economic conditions of the project's proposed service area.

Applicant signature: \_\_\_\_\_  
(same person who signed the 424)

Date: \_\_\_\_\_

**Place this form and supporting documentation under Tab F-1 of your application.**

### ***Equal Opportunity and Nondiscrimination Certification***

All grants made under 7 CFR 1703 are subject to the nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, as amended, (7 CFR 15); Section 504 of the Rehabilitation Act of 1973, as amended, (29 U.S.C. 901 *et seq.*; 7 CFR 15b); and the Age Discrimination of 1975, as amended (42 U.S.C. 6101 *et seq.*; 45 CFR 90), and as amended by Executive Order 11375 Amending Executive Order 11246, Relating to Equal Employment Opportunity (3 CFR, 1966, 1970 Comp., p. 684).

As a prospective primary participant recipient of financial assistance from RUS, this organization commits to carry out RUS' established policy to comply with the requirements of the above laws and executive orders to the effect that no person in the United States shall, "on the basis of race, color, national origin, handicap, or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the RUS Distance Learning and Telemedicine Loan and Grant Programs."

The \_\_\_\_\_ (Grantee)  
hereby certifies that, as a prospective recipient under the said Distance Learning and Telemedicine Loan and Grant Program, it will comply with the above referenced laws, regulations and Executive Orders.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Type or Print Name*

\_\_\_\_\_  
*Title*

### ***Certificate Regarding Architectural Barriers***

All facilities financed with RUS grants that are open to the public, or in which physically handicapped persons may be employed or reside, must be designed, constructed, and/or altered to be readily accessible to and usable by handicapped persons. Standards for these facilities must comply with the Architectural Barriers Act of 1968, as amended (42 U.S.C. 4151 *et seq.*), and with the Uniform Federal Accessibility Standards (UFAS), (Appendix A to 41 CFR subpart 101-19.6).

As a prospective primary participant recipient of financial assistance from RUS, this organization commits to carry out RUS' established policy to comply with the requirements of the above referenced law to the effect that all facilities must be readily accessible to and usable by handicapped persons.

The \_\_\_\_\_ (Grantee) hereby certifies, that, as a prospective recipient under the Distance Learning and Telemedicine Grant and Loan Program, it is in compliance, or will be in compliance upon completion of the project, with the above referenced law.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Type or Print Name*

\_\_\_\_\_  
*Title*

### ***Certificate Regarding Flood Hazard Area Precautions***

In accordance with 7 CFR 1788, if the project is in an area subject to flooding, flood insurance must be provided to the extent available and required under the National Flood Insurance Act of 1968, as amended by the Flood Disaster Protection Act of 1973, as amended (42 U.S.C. 4001-4128). If applicable, the insurance must cover, in addition to the buildings, any machinery, equipment, fixtures, and furnishings contained in the buildings. RUS will comply with Executive Order 11988, Floodplain Management (3 CFR, 1977 Comp., p. 117), and 7 CFR 1794.41, of this chapter in considering the application for the project.

Please check the appropriate line below:

\_\_\_ a) The project is not located in a 100-year flood plain; therefore, no Flood Insurance is required.

\_\_\_ b) The project is located in a 100-year flood plain and the required insurance is or will be provided by:

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The \_\_\_\_\_ (Grantee) hereby certifies, that, as a prospective recipient under the Distance Learning and Telemedicine Loan and Grant Program, it is in compliance, or will be in compliance during construction and/or installation of equipment and upon completion of the project, with the above referenced law.

---

*Date*

---

*Signature*

---

*Type or Print Name*

---

*Title*

***Uniform Relocation Assistance and Real Property Acquisition  
Policies Act of 1970 Certification***

The \_\_\_\_\_ (Grantee) assures that it will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Uniform Act) as amended, 42 U.S.C. 4601-4655, and with implementing Federal regulations in 49 CFR 24 and 7 CFR 21.

Specifically, the \_\_\_\_\_ (Grantee) assures that:

Whenever Federal financial assistance is used to pay for any part of the cost of a program or project which will result in the displacement of any person;

- (a) Fair and reasonable relocation payments and assistance shall be provided to or for displaced persons in accordance with sections 202, 203, and 204 of the Uniform Act,
- (b) Relocation assistance programs offering the services described in section 205 of the Uniform Act shall be provided to displaced persons, and
- (c) Within a reasonable period of time prior to displacement, comparable replacement dwellings will be available to displaced persons in accordance with section 205(c) (3) of the Uniform Act.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of President or Authorized Official of  
Ultimate Recipient*

## ***Certification Regarding Drug-Free Workplace Requirements for Grantees Other than Individuals***

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 *et seq.*), 7 CFR 3017.600.

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction;
- (e) Notifying the Agency in writing, within 10 calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

**Place of Performance:**

---

*Street Address*

*City*

---

*County*

*State*

*Zip Code*

\_\_\_\_ **Check if there are workplaces on file that are not identified here.**

---

*Organization Name*

---

*Name and Title of Authorized Representative*

---

*Signature*

---

*Date*

*Page 2 of 2*

***Certification Regarding Debarment, Suspension, and Other  
Responsibility Matters—Primary Covered Transactions***

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR 3017.510.

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

*Organization Name*

---

*Name and Title of Authorized Representative*

---

*Signature*

---

*Date*



## ***Certification Regarding Lobbying for Contracts, Grants, Loans, and Cooperative Agreements***

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. (Copies of this form may be obtained from RUS.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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*Organization Name*

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*Name and Title of Authorized Representative*

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*Signature*

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*Date*

### ***Non-Duplication of Services Certificate***

As a prospective primary participant recipient of assistance from RUS, this organization commits to carry out RUS' established policy to comply with the requirements that no facilities using financial assistance will duplicate adequate established telemedicine services and/or distance learning services.

The \_\_\_\_\_ (Grantee) hereby certifies that as a prospective recipient under the said Distance Learning and Telemedicine Loan and Grant Program, that it will not use RUS grant funds to duplicate any adequate established services as referenced above.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Type or Print Name*

\_\_\_\_\_  
*Title*

## ***Environmental Impact Certification***

### **Environmental Project Summary:**

*(This description should encompass all construction in the project, no matter the source of funding. It should provide details of how the project will affect the environment (wetlands, farmlands, floodplain, cultural environment, endangered species, environmental quality, and historic preservation). If additional space is needed, continue on white bond paper and attach to this certification.)*

#### **CERTIFICATION**

**I hereby certify that the construction proposed in this application will not adversely impact the environment or historic preservation.**

\_\_\_\_\_  
**(Signature and Date)**

\_\_\_\_\_  
**(Print or Type Title)**